

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003809

FILED
Apr 13, 2012
Secretary of State

Entity Name: UNITEDHEALTHONE AGENCY, INC.

Current Principal Place of Business:

7440 WOODLAND DRIVE
INDIANAPOLIS, IN 46278

New Principal Place of Business:

Current Mailing Address:

7440 WOODLAND DRIVE
INDIANAPOLIS, IN 46278

New Mailing Address:

FEI Number: 37-0920164

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: COLLINS, RICHARD A
Address: 7440 WOODLAND DRIVE
City-St-Zip: INDIANAPOLIS, IN 46278

Title: DVPT
Name: CARR, PATRICK F
Address: 7440 WOODLAND DRIVE
City-St-Zip: INDIANAPOLIS, IN 46278

Title: S
Name: VAN STRATEN, JULIE A
Address: 3100 AMS BOULEVARD
City-St-Zip: GREEN BAY, WI 54313

Title: VP
Name: DAVIS, BRIAN L
Address: 7440 WOODLAND DRIVE
City-St-Zip: INDIANAPOLIS, IN 46278

Title: AS
Name: THOMSON, CHERYL A
Address: 3100 AMS BOULEVARD
City-St-Zip: GREEN BAY, WI 54313

Title: VP
Name: TOTH, ATTILA R
Address: 7440 WOODLAND DRIVE
City-St-Zip: INDIANAPOLIS, IN 46278

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHERYL A. THOMSON

AS

04/13/2012

Electronic Signature of Signing Officer or Director

Date